

<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>			<div> <div>Date of Birth</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div> <div>M</div><div>M</div> <div>D</div><div>D</div> <div>Y</div><div>Y</div> <div>Y</div><div>Y</div> </div> </div>		
<div> <div>Place of Birth</div> <div>Hospital (If not hospital, give street & number)</div> </div>			<div>(Village, Town or City)</div>		<div>County</div>
<div> <div>First</div> <div>Middle</div> <div>Last</div> </div>			<div> <div>Maiden Name of Mother</div> <div>First</div> <div>Middle</div> <div>Last</div> </div>		
<div>Number of Copies Requested</div>		<div>Enter Birth No. if Known</div>		<div>Enter Local Registration No. if Known</div>	

<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
<input type="checkbox"/> Employment		
<input type="checkbox"/> Other (Specify) _____		

NAME			If attorney, give name and relationship of your client to person whose record is required		
FIRST	MIDDLE	LAST	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
What is your relationship to person whose record is required?			<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____			<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
Telephone No. () - -			(name of client)		
Social Security No. - -			(relationship)		
Signature of Applicant			FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			TYPE OF ID <input type="checkbox"/> Driver's License		
Date <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> MM DD YY			<input type="checkbox"/> State _____ No. _____		
Address of Applicant			<input type="checkbox"/> Other ID, specify _____		
Street			No. _____		
City					
State					
Zip Code					

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED